

HOUSE BILL 2367

By Stewart

AN ACT to amend Tennessee Code Annotated, Title 56  
and Title 63, relative to reimbursement of  
anatomic pathology services.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, Part 10, is amended by  
adding the following as a new section:

56-7-1015.

(a) No patient, insurer, or third party payor shall be required to reimburse any  
licensed practitioner for charges or claims submitted in violation of this part.

(b) A clinical laboratory or physician, located in this state, or in another state,  
providing anatomic pathology services for patients in this state, shall present or cause to  
be presented a claim, bill or demand for payment for these services only to the following:

(1) The patient directly;

(2) The responsible insurer or other third-party payor;

(3) The hospital, public health clinic, or nonprofit health clinic ordering  
such services;

(4) The referring laboratory, excluding a laboratory of a physician's office  
or group practice that does not perform the professional component of the  
anatomic pathology service for which such claim, bill, or demand is presented; or

(5) Governmental agencies and/or their specified public or private agent,  
agency, or organization on behalf of the recipient of the services.

(c) Except for a physician at a referring laboratory that has been billed pursuant  
to subsection (f), no licensed practitioner in the state shall, directly or indirectly, charge,

bill, or otherwise solicit payment for anatomic pathology services unless such services were rendered personally by the licensed practitioner or under the licensed practitioner's direct supervision in accordance with section 353 of the Public Health Service Act (42 U.S.C. 263a).

(d) Nothing in this section shall be construed to mandate the assignment of benefits for anatomic pathology services as defined in this section.

(e) For purposes of this section, the term "anatomic pathology services" means:

(1) Histopathology or surgical pathology, meaning the gross and microscopic examination and histologic processing of organ tissue performed by a physician or under the supervision of a physician;

(2) Cytopathology, meaning the microscopic examination of cells from the following:

(A) Fluids;

(B) Aspirates;

(C) Washings;

(D) Brushings; or

(E) Smears, including the Pap test examination performed by a physician or under the supervision of a physician.

(3) Hematology, meaning the microscopic evaluation of bone marrow aspirates and biopsies performed by a physician, or under the supervision of a physician, and peripheral blood smears when the attending or treating physician, or technologist requests that a blood smear be reviewed by a pathologist;

(4) Sub-cellular pathology or molecular pathology, meaning the assessment of a patient specimen for the detection, localization, measurement,

or analysis of one or more protein or nucleic acid targets performed or interpreted by or under supervision of a pathologist.

(5) Blood-banking services performed by pathologists.

(f) This section does not prohibit billing of a referring laboratory for anatomic pathology services in instances where a sample or samples must be sent to another physician or laboratory for consultation or histologic processing, except that for purposes of this subdivision the term "referring laboratory" excludes the laboratory of a physician's office or group practice that does not perform the professional component of the anatomic pathology service involved.

(g) The respective state licensing boards having jurisdiction over any practitioner who may request or provide anatomic pathology services may revoke, suspend or deny renewal of the license of any practitioner who violates the provisions of this section.

SECTION 2. This act shall take effect July 1, 2009, the public welfare requiring it.